

DEPARTMENT OF NEIGHBORHOODS AND HOUSING SERVICES

NEIGHBORHOOD PRESERVATION DIVISION

**PROPERTY MAINTENANCE APPEALS BOARD
APPLICATION FOR HEARING (PMAB)**

(To be completed by the City of KCMO)

PMAB CASE NUMBER _____	DATE FILED: _____
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1. Appeal of [name(s) of appellant(s)]:
Name _____ Address _____ Phone # _____
a. _____
b. _____

2. Address of property subject to this appeal: _____,
Kansas City, MO _____ (Zip Code)

3. Legal interest in the property subject to this appeal (Owner, Agent, etc.):

4. Please describe in a brief statement, using ordinary and concise language, the specific order or action you are protesting. Include any material facts you feel support your appeal. * (If more space is needed, use another sheet and attach it to this form).

5. Enter the name, address and telephone number of legal counsel, if any.**

Name	Address	Phone #
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6. **Optional Information Requested:**

Date of Birth: _____ Race: _____ Sex: _____ M _____ F _____

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS FORM AND ATTACHMENTS, IF ANY, ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Signature: _____
Appellant or Agent

There is a \$50.00 non refundable fee required with this Property Maintenance Appeals Board Application. Please submit a \$50.00 check or money order payable to the **City Treasurer** at the time you submit your appeal application.

* Pursuant to Section 56-342 of the Property Maintenance Code, only those matters or issues specifically raised by you will be considered in the hearing of the appeal.

** If you will not be present at the appeal hearing but will be represented by an agent, your agent must present a sworn affidavit signed by you authorizing him or her to represent you before the PMAB. If you wish to do so, you must complete the "Owner's Affidavit Designating Agent" form provided by this office for such purpose. This form may be obtained from the Administration Division of the Neighborhood Preservation division.

For assistance in completing this form or if you have questions regarding your case, please call Senior Administrative Assistant, David Reynolds at (816) 513-8454. Please return the completed form and the \$50.00 application fee to:

**Property Maintenance Appeals Board,
C/O David Reynolds
4900 Swope Parkway, 4th Floor
Kansas City, Missouri, 64130.**

NOTE: FAILURE TO APPEAL WITHIN 10 DAYS OF THE DATE OF THE LEGAL NOTICE SHALL CONSTITUTE A WAIVER OF YOUR RIGHTS TO AN ADMINISTRATIVE HEARING AND ADJUDICATION OF YOUR COMPLAINT.

Received by: _____

CK ID__